



## **CUSTOMER FOCUSED HEALTH CARE DELIVERY AND SATISFACTION MARCH 2003**

Altern Ther Health Med 2003 Jan-Feb;9(1):104-10

Relationships among older patients, CAM practitioners, and physicians: the advantages of qualitative inquiry.

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Older patients are increasingly likely to be under the simultaneous care of both physicians and alternative practitioners, often for treatment of the same condition. In the majority of cases, however, alternative care is not integrated with biomedical care; indeed, most patients do not inform their physicians of their concurrent use of complementary and alternative medicine (CAM). Because of the increased use of CAM in recent years, this is a critical juncture at which to study healthcare relationships in which the patient is treated by practitioners from different medical systems who are usually not in contact with and often not aware of one another. The purpose of this paper is to (a) review the limited literature that addresses healthcare relationships among patients, physicians, and alternative practitioners; (b) suggest that understanding all 3 sides of the patient-physician CAM practitioner triangle creates a more comprehensive and realistic view of current healthcare practices; and (c) propose that qualitative research methodologies can provide unique and essential understandings of these emerging healthcare relationship configurations. An ongoing qualitative research study of older women with breast cancer and their interactions with their physicians and alternative practitioners is described as an example.

PMID: 12622050 [PubMed - indexed for MEDLINE]

Am J Hosp Palliat Care 2003 Jan-Feb;20(1):52-6

Communication of a cancer diagnosis: patients' perceptions of when they were first told they had cancer.

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Fifty consecutive cancer patients cared for by a palliative medicine program were interviewed concerning the initial communication of their diagnosis. The majority of patients were satisfied with the manner and the circumstances in which the information was imparted. A minority of women were significantly more unhappy than men about the manner in which they were told. Sophisticated techniques are available to help physicians impart bad news effectively and humanely.

**Library Program Office  
Office of Information**  
Veterans Health Administration

PMID: 12568437 [PubMed - indexed for MEDLINE]

Am J Nurs 2003 Feb;103(2):65-7

Protecting patient information.

Trossman S.

PMID: 12582343 [PubMed - indexed for MEDLINE]

Ann R Coll Surg Engl 2003 Jan;85(1):10-3

Laparoscopic fundoplication: learning curve and patient satisfaction.

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AIMS: Laparoscopic fundoplication is now accepted as the optimal surgical option for the management of selected cases of gastro-oesophageal reflux disease. The principal aim of this study was to evaluate the learning curve experience of two consultant surgeons in the technique of laparoscopic fundoplication (LF).

Additional variables assessed were total number of cases, preoperative investigations, conversion rate, duration of operation, ASA grade, morbidity, mortality, necessity of further procedures, and patient satisfaction rate.

PATIENTS AND METHODS: Retrospective case-note analysis of all adult patients who underwent fundoplication under the care of two consultant general surgeons over a 3-year period from January 1997 to December 1999. RESULTS: A total of 61 patients were included, 31 males and 30 females, with a median age of 46 years (range, 21-73 years). Of the patients, 90% were either ASA 1 or 2. The mean time for which the 24-h pH < 4 was 20.5% (95% CI, 15.3-25.7). Of the 61 patients, 6 were operated on by open technique, for medical reasons and previous abdominal procedures. Out of the remaining 55 patients, 13 had to be converted (23.6%). Mean operating times were 120 min for LF, 85 min for open operation and 142 min for LF plus conversion. There was a significant decline in conversion rate with time ( $P < 0.002$ ). Mortality was nil. One patient had a perforation of the cricopharyngeus secondary to insertion of a bougie. The mean length of hospital stay following the laparoscopic technique was 3.4 days compared to 8.7 days following the open technique. Overall, 59 patients (96%) were happy with the result, and the operation failed in 2 patients. Five patients (8%) needed endoscopic dilatation in the first few weeks after the operation. CONCLUSIONS: The results show that LF is a safe procedure, takes longer than open procedure, and has an acceptable morbidity. Experience with the technique reduces the need for conversion. The mean length of hospital stay is significantly less and there is a high level of patient satisfaction.

PMID: 12585623 [PubMed - indexed for MEDLINE]

Ann R Coll Surg Engl 2003 Jan;85(1):52-7

The outcome of varicose vein surgery at 10 years: clinical findings, symptoms and patient satisfaction.

Campbell WB, Vijay Kumar A, Collin TW, Allington KL, Michaels JA; Randomised and Economic Analysis of Conservative and Therapeutic Interventions for Varicose veins Study.

Royal Devon and Exeter Hospital, Exeter, UK.

BACKGROUND: Data on long-term outcomes of varicose vein surgery are sparse, and 'success' rates vary substantially depending on the method of assessment. This study used a variety of methods to evaluate patients 10 years after operation.

METHODS: A consecutive cohort of 100 patients was identified, of whom 70 (151 operated limbs) were reviewed--50 by clinical and Doppler examination, and all by structured questionnaire. RESULTS: A few months after operation, symptoms were 'cured' or 'much better' in 89% of patients, and remained so at 10 years in 77%. Only 30% patients were completely free of recurrent varicose veins at 10

years (both by self- and clinician-assessment): 44% had 'just a few' varicosities while 26%, had varicose veins 'as badly as before'. Only 24 patients (34%) were not 'generally pleased' at 10 years, because of continuing symptoms (3), recurrent varicosities (13), and other miscellaneous reasons. CONCLUSIONS: Although some recurrence of varicose veins is frequent 10 years after operation, surgery provides long-term relief of symptoms in the great majority of patients.

PMID: 12585635 [PubMed - indexed for MEDLINE]

BMJ 2003 Feb 15;326(7385):373

Patients' consent preferences for research uses of information in electronic medical records: interview and survey data.

Willison DJ, Keshavjee K, Nair K, Goldsmith C, Holbrook AM; Computerization of Medical Practices for the Enhancement of Therapeutic Effectiveness investigators.

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OBJECTIVES: To assess patients' preferred method of consent for the use of information from electronic medical records for research. DESIGN: Interviews and a structured survey of patients in practices with electronic medical records.

SETTING: Family practices in southern Ontario, Canada. PARTICIPANTS: 123 patients: 17 were interviewed and 106 completed a survey. MAIN OUTCOME MEASURES:

Patients' opinions and concerns on use of information from their medical records for research and their preferences for method of consent. RESULTS: Most interviewees were willing to allow the use of their information for research purposes, although the majority preferred that consent was sought first. The seeking of consent was considered an important element of respect for the individual. Most interviewees made little distinction between identifiable and anonymised data. Research sponsored by private insurance firms generated the greatest concern, and research sponsored by foundation the least. Sponsorship by drug companies evoked negative responses during interview and positive responses in the survey. CONCLUSIONS: Patients are willing to allow information from their medical records to be used for research, but most prefer to be asked for consent either verbally or in writing.

Publication Types:

Multicenter Study

PMID: 12586673 [PubMed - indexed for MEDLINE]

BMJ 2003 Feb 8;326(7384):301

Doctors told to use positive language in managing pain.

Zinn C.

Publication Types:

News

PMID: 12574030 [PubMed - indexed for MEDLINE]

BMJ 2003 Feb 8;326(7384):338

Comment on:

BMJ. 2002 Oct 26;325(7370):934.

Depressed patients need more than drugs and psychiatrists.

Williams SJ.

Publication Types:

Comment  
Letter  
PMID: 12574056 [PubMed - indexed for MEDLINE]

BMJ 2003 Feb 1;326(7383):258

Setting standards based on patients' views on access and continuity: secondary analysis of data from the general practice assessment survey.

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OBJECTIVES: To examine patients' views on access and continuity in general practice to derive quality standards. DESIGN: Secondary analysis of data from general practice research studies and routine quality assessment activities undertaken by practices and primary care trusts. SETTING: General practice. PARTICIPANTS: General practice patients. RESULTS: Satisfactory standards of access were next day appointments with general practitioners and a 6-10 minute wait for consultations to begin. A satisfactory level of continuity was seeing the same general practitioner "a lot of the time." Standards varied with the analytic method used and by sociodemographic group. CONCLUSIONS: Standards expected by patients in primary care can be derived from linked report-assessment pairs. Patients may have expectations of access that are in excess of government targets. Patients also have high expectations of continuity of care. It is unclear the degree to which such standards are reliable or valid, how conflicts between access and continuity should be resolved, or how these standards relate to other priorities of patients such as high quality interpersonal care.

PMID: 12560279 [PubMed - indexed for MEDLINE]

BMJ 2003 Feb 1;326(7383):252-3

Discrepancies between patients' assessments of outcome: qualitative study nested within a randomised controlled trial.

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Publication Types:

Clinical Trial

Randomized Controlled Trial

PMID: 12560274 [PubMed - indexed for MEDLINE]

Br J Gen Pract 2003 Jan;53(486):50-2

The general practitioner-patient consultation pattern as a tool for cancer diagnosis in general practice.

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A case-control study design was used to examine consultation patterns during the three years leading up to the diagnosis of an internal malignancy, within the context of the registered patient list of a single large general practice at Winterton, North Lincolnshire. Using a combination of matching, consultation subclassification, and conditional logistic regression, account was taken of the major confounders affecting consultation rates. Generally, the odds of cancer rose in tandem with increases in the average time between new consultations. This trend was significant for all breast cancers (at the 5% level) and persisted after adjustment for occupation, smoking, and marital status ( $P = 0.03$ ), as well as after the exclusion of patients identified by routine

screening (P = 0.05).

PMID: 12564279 [PubMed - indexed for MEDLINE]

Cancer Nurs 2003 Feb;26(1):10-7

Women's experiences with recurrent ovarian cancer.

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Most women with a diagnosis of ovarian cancer, because of the advanced nature of the disease at the time of diagnosis, will face the very real possibility of an early death. Thus the disease can have a significant impact on women who play a central role in the day-to-day management of family life, the nurture of children, and the care of extended family. This article reports the perspectives of women living with ovarian cancer regarding their experiences confronting recurrent disease. For this qualitative study 18 women were interviewed. Four primary themes emerged from the analysis of the verbatim interview transcripts: waiting for recurrence, facing the diagnosis of recurrence, managing treatment-related concerns, and attempting to regain control. The practice implications for oncology nurses involve understanding the significant meaning associated with monitoring tumor markers and recurrent disease, assisting women in accessing information and support, and engaging in sensitive communication.

PMID: 12556708 [PubMed - indexed for MEDLINE]

Cancer Nurs 2003 Feb;26(1):68-74

Patients with cancer and their close relatives: experiences with treatment, care, and support.

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This article presents findings from a study of 536 patients with cancer and 473 of their close relatives from 15 different hospitals in Norway. The study assessed the satisfaction of both groups with the help and support they received from different sources such as family and friends, health personnel, and fellow patients. The results indicate that the patients received more support and information than their close relatives. The patients also were generally more satisfied with the support. Furthermore, the relatives seemed to underestimate the help and support provided to the patients. For both the patients and their close relatives, family and friends proved to be important sources of support. Regarding the public health services, almost 90% of the patients were very satisfied with the medical treatment. On the other hand, only an approximate 13% were very satisfied with information about alternative treatment and financial issues related to the disease. For the patients, the contact with fellow patients was highly valued. For most of the patients, this contact provided hope for the future, but it also had the potential for painful and sad feelings. The study was conducted in collaboration with the Norwegian Cancer Society to provide information that can be used for the guidance of health personnel and care of patients and their relatives.

PMID: 12556715 [PubMed - indexed for MEDLINE]

Cancer Nurs 2003 Feb;26(1):55-60

Living with untreated localized prostate cancer: a qualitative analysis of patient narratives.

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Few, if any, qualitative studies aimed at gaining an understanding of the experience of patients with prostate cancer have been done. The purpose of this study was to illuminate the meaning of being a patient living with untreated localized prostate cancer. Seven men with untreated localized prostate cancer were interviewed in their homes. The interviews were tape recorded and transcribed into text. The text was analyzed using a phenomenologic-hermeneutic approach inspired by Ricoeur's philosophy. The meaning of living with untreated localized prostate cancer could be interpreted as living life under a dark shadow. The disease was described as a threat to the patient's life. When living under this shadow, many of the men studied had an ambivalent wish both to share their experience with others and to be alone with their experiences of the disease. They believed that the disease had changed their lives, and their manhood was restricted by sexual dysfunctions and described as a burden. They used various coping strategies to manage this situation. Despite a positive relationship with their physicians, there is a risk that these patients will not be given the attention they need because of their good prognosis.  
PMID: 12556713 [PubMed - indexed for MEDLINE]

Eur J Vasc Endovasc Surg 2003 Jan;25(1):48-52  
Satisfaction with care in vascular surgery inpatient units.  
Abolli S, Molino N, Abeni D, Sampogna F.  
Lab. Health Services Research and Lab. Epidemiology, Istituto Dermopatico dell'Immacolata-Istituto di Ricovero e Cura a Carattere Scientifico, Roma (IDI-IRCCS).  
OBJECTIVE: to identify and solve problems concerning satisfaction of inpatients in three different vascular surgery units. Materials and Methods: a self-administered non anonymous questionnaire was submitted. Four dimensions of patients' satisfaction and a measure of overall satisfaction were evaluated. For each of them a logistic regression model was elaborated. RESULTS: one hundred and fifty-six eligible patients agreed to participate. For the "overall satisfaction" 56% rated the care received as excellent; patients completely satisfied for "treatment and related information" were 76%; for the "availability of staff" 96%, for "helpfulness and communication by staff" 56% and for "management of patient's complaint by medical staff" 86%. Logistic regression analysis showed, after adjustment for relevant background factors, a statistically significant difference among units of care for the overall satisfaction. CONCLUSIONS: the study highlighted the importance of considering in vascular units the patients' satisfaction as an essential component of quality of care independently of the severity of cases. The hospital management recognised the low level of communication by the staff as one of the hospital bottle-necks and tried to solve a logistic problem identified as responsible for a low score in the overall satisfaction in one unit.  
PMID: 12525811 [PubMed - indexed for MEDLINE]

Health Aff (Millwood) 2003 Jan-Feb;22(1):279-80; author reply 280  
Comment on:  
Health Aff (Millwood). 2002 Nov-Dec;21(6):195-7.  
Consumer-driven health plans.  
Lo Sasso AT.  
Publication Types:  
Comment  
Letter



PMID: 12528863 [PubMed - indexed for MEDLINE]

Health Estate 2003 Jan;57(1):39

Putting the patient first.

Lancaster J.

PMID: 12568053 [PubMed - indexed for MEDLINE]

Home Healthc Nurse 2003 Jan;21(1):53-60; quiz 61

Palliative care for persons with dementia.

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Home care and hospice nurses provide invaluable care for patients with Alzheimer's Disease and related disorders. Often these patients have advanced disease and may be approaching the end of life. This article describes a palliative care approach to providing comprehensive assessment, care planning, and interventions enhancing the functioning and quality of life for both the patient and family coping with this illness.

Publication Types:

Review

Review, Tutorial

PMID: 12544465 [PubMed - indexed for MEDLINE]

Home Healthc Nurse 2003 Jan;21(1):16-9

The importance of touch for the patient with dementia.

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Massage has many benefits including general relaxation and increased circulation. Many experience pain relief from massage and may need less medication. This article describes how nurses and families can learn to provide touch therapy to patients with varying stages of dementia.

Publication Types:

Review

Review, Tutorial

PMID: 12544457 [PubMed - indexed for MEDLINE]

Home Healthc Nurse 2003 Jan;21(1):32-7

A pain assessment tool for people with advanced Alzheimer's and other progressive dementias.

Lane P, Kuntupis M, MacDonald S, McCarthy P, Panke JA, Warden V, Volicer L.  
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Memorial Veterans Hospital, 200 Springs Road, Bedford, MA 01730, USA.  
Patricia.lane2@med.va.gov

Appropriate pain management can only be achieved through accurate pain assessment that is individualized, ongoing, and well documented. Assessment tools must focus on the patient as the authority on pain's existence and severity; however, self-reports are not feasible when patients lose their ability to verbally communicate. This article describes a scientifically proven pain assessment tool that can be used for patients with advanced dementia and Alzheimer's Disease.

PMID: 12544460 [PubMed - indexed for MEDLINE]

J Adv Nurs 2003 Jan;41(2):130-9

The effectiveness of Watson's Caring Model on the quality of life and blood pressure of patients with hypertension.

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**BACKGROUND:** Nurses caring relationships with hypertensive patients can have a positive effect upon their blood pressure and may increase quality of life and prolongation of life. Hypertension affects a large number of people. It is

important that those affected receive, in addition to the best available medical treatment, nursing care that best meets their needs and adds to the quality of their lives. Watson's Caring Model is one nursing approach consistent with needs of persons with hypertension, and was used in this study to guide both research and practice. **AIM:** To determine the effectiveness of a nurse's caring

relationship according to Watson's Caring Model on the blood pressure and the quality of life of patients with hypertension. **METHODS:** The design of the study was a one-group pretest and post-test. The study included 52 patients with hypertension in four health care units in Erzurum, Turkey in 2000. These

patients had been diagnosed with hypertension and invited to participate in a research project involving nursing care. After acceptance, patients were given questionnaires consisting of demographic characteristics; their blood pressure was measured, and a quality of life scale was administered. Each of the participating nurse researchers was prepared in the use of Watson's Theory and Model of Caring (and the 10 Carative Factors). This training formed the basis of the caring process used by the nurse researchers who then visited the patients and their families once a week for blood pressure measurement for a 3-month period. At the end of care, the quality of life scale was applied to patients, and blood pressures were measured as the post-test. **RESULTS:** There were

statistically significant differences between mean scores of general well-being ( $t = 3.097$ , d.f. = 51,  $P = 0.003$ ), physical symptoms and activity ( $t = 2.994$ , d.f. = 51,  $P = 0.004$ ), medical interaction ( $t = 2.127$ , d.f. = 51,  $P = 0.035$ ).

There were also significant differences between blood pressure (systolic:  $t = 4.830$ , d.f. = 51,  $P = 0.000$ ; and diastolic:  $t = 3.51$ , d.f. = 51,  $P = 0.001$ ) in pre- and post-test. **CONCLUSION:** This study demonstrated a relationship between care given according to Watson's Caring model and increased quality of life of the patients with hypertension. Further, in those patients for whom the caring model was practised, there was a relationship between the Caring model and a decrease in patient's blood pressure. The Watson Caring Model is recommended as a guide to nursing patients with hypertension, as one means of decreasing blood pressure and increase in quality of life.

**Publication Types:**

Multicenter Study

PMID: 12519271 [PubMed - indexed for MEDLINE]

J Am Osteopath Assoc 2002 Dec;102(12 Suppl 4):S7-11

Counseling the patient with erectile dysfunction: a primary care physician perspective.

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Primary care physicians might be tempted to avoid addressing the topic of erectile dysfunction because they mistakenly believe that hectic work schedules, unforeseen reimbursement issues, or complexity of disease management preclude effectively dealing with this important disorder. Yet, it is eminently possible



to complete a targeted history and physical examination within the constraints of the typical ambulatory visit. The pertinent typical medical, sexual, and psychosocial history should take about 4 to 6 minutes, and a physical examination can be done in approximately 2 to 4 minutes. Whenever feasible, partner input can be a highly valuable asset for correctly diagnosing erectile dysfunction and treating the patient. Inclusion of the partner can provide additional information, identify obstacles to success, and ensure partner readiness for resumption of coital activity. In addition, evaluation tools such as the Sexual Health Inventory for Men can be highly effective in initiating discussion on an uncomfortable subject.

PMID: 12572635 [PubMed - indexed for MEDLINE]

J Gerontol Nurs 2002 Dec;28(12):13-21

Enhancing relationships between care providers and residents in long-term care. Designing a model of care.

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Research in three different areas was examined and several conclusions can be drawn. Continuity of care provider is critical to understanding the resident and to developing relationships with the resident over time (Patchner, 1987; Teresi et al., 1993a). The teaching of interactional skills is not enough; the care provider must be engaged in some way, such as learning about the person through life stories (Best, 1998; Caris-Verhallen et al., 2000; Coker et al., 1998; Heliker, 1999; McCallion et al., 1999; Pietrukowicz & Johnson, 1991; Williams & Tappen, 1999). If care providers are called to enhance relationships with residents, they too must be supported in their work environments (Hallberg & Norberg, 1993; Montegar et al., 1977; Kovach & Krejci, 1998). Finally, research confirmed positive secondary resident and care provider outcomes can be achieved following the development of holding relationships. Overall, preliminary empirical support for the capacities of the care provider--reliability, empathy, continuity--and for the requirement for support were established from a review of the literature. However, no intervention studies were found that incorporated the complete set of theoretical variables. Testing the combined influence of these variables, as conceptualized by Winnicott's (1970) theory of relationships, and the manner in which they affect the holding relationship for residents, and subsequently secondary care provider and resident outcomes, is essential to assess the usefulness of this theory to relationship building in LTC. Caregiving relationships involve all kinds of social interaction during the course of which the patient's sense of self-worth can either be enhanced or thwarted (Agich, 1990). Therefore, a milieu should be developed to accentuate care provider-resident relationships and lead to a systematic and encompassing framework of positive expectations on the part of all nursing personnel involved. A model of care focusing on relationships may be one means to this end.

Publication Types:

Review

Review, Tutorial

PMID: 12567822 [PubMed - indexed for MEDLINE]

J R Soc Med 2003 Jan;96(1):10-6

Symptom severity in advanced cancer, assessed in two ethnic groups by interviews with bereaved family members and friends.

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Little research has been reported on the experience of cancer among minority ethnic communities in the UK. As part of a wider survey in inner London we interviewed bereaved family members or close friends of 34 first-generation black Caribbeans and of 35 UK-born white patients about symptoms and symptom control in the year before death with cancer. They were drawn from population samples in which the response rates were equal at about 46%. Symptoms in the two ethnic groups were similar. However, multivariate logistic regression indicated greater symptom-related distress in black Caribbeans for appetite loss, pain, dry mouth, vomiting and nausea, and mental confusion. Respondents were also more

likely to say, in relation to black Caribbean patients, that general practitioners (though not hospital doctors) could have tried harder to manage symptoms. The findings suggest a need for better assessment and management of cancer symptoms in first-generation Caribbean Londoners, guided by a deeper understanding of cultural influences on their responses to advanced illness.

PMID: 12519796 [PubMed - indexed for MEDLINE]

Mayo Clin Proc 2003 Feb;78(2):211-4

Two words to improve physician-patient communication: what else?

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The medical interview is the physician's initial and perhaps most important diagnostic procedure, but physicians vary in their abilities and skills in physician-patient communication. Information gathering, relationship building, and patient education are the 3 essential functions of the medical interview. A physician-centered interview using a biomedical model can impede disclosure of problems and concerns. A patient-centered approach can facilitate patient disclosure of problems and enhance physician-patient communication. This, in turn, can improve health outcomes, patient compliance, and patient satisfaction and may decrease malpractice claims. Physicians can improve their communication skills through continuing education and practice.

Publication Types:

Review

Review, Tutorial

PMID: 12583531 [PubMed - indexed for MEDLINE]

Med Care 2003 Feb;41(2):254-63

Structure and reliability of Ware's Patient Satisfaction Questionnaire III: patients' satisfaction with oncological care in the Netherlands.

Hagedoorn M, Uijl SG, Van Sonderen E, Ranchor AV, Grol BM, Otter R, Krol B, Van den Heuvel W, Sanderman R.

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BACKGROUND: The present study examined the structure and reliability of the Dutch version of the Patient Satisfaction Questionnaire III (PSQ III). The PSQ III was designed to measure technical competence, interpersonal manner, communication, time spent with doctor, financial aspects, and access to care. In the Dutch version, the financial items were left aside because these are not appropriate for the Dutch socialized system. OBJECTIVES: The main objectives were to assess response bias, the number of dimensions needed to describe the

PSQ III items, and the reliability of the scales. In addition, distribution characteristics were examined and norm scores to interpret satisfaction scores in an oncological setting were presented. RESEARCH DESIGN: A cross-sectional survey study. SUBJECTS The study was comprised of 1594 cancer patients from eight hospitals. MEASURES: The Dutch version of the PSQ III. RESULTS: Approximately 14% of the respondents were found to demonstrate considerable response bias. Confirmative factor analyses were performed to test three theoretical models with a varying number of dimensions among those participants who did not demonstrate response bias. The original structure did not fit the data well, but support was found for a three-factor model (with interpersonal manner, communication, and time spent with doctor loading on one factor instead of separate factors) and a one-dimensional model. CONCLUSIONS: The PSQ III seems to be an appropriate measure of cancer patients' satisfaction, with the note that the number of dimensions may vary for different patient groups and/or care settings and that it is important to be aware of response bias.  
PMID: 12555053 [PubMed - indexed for MEDLINE]

MGMA Connex 2003 Jan;3(1):32-3  
Focus on satisfaction. Using patient focus groups.  
Miaoulis G Jr, Gutman J.  
Robert Morris University, Moon Township, Pa., USA. miaoulis@cisunix.unh.edu  
PMID: 12557744 [PubMed - indexed for MEDLINE]

Nurs Manage 2003 Jan;34(1):14  
Patient safety: new goals set for 2003.  
Staten PA.  
Standards Interpretation, JCAHO, Oakbrook Terrace, IL, USA.  
Properly apply JCAHO's National Patient Safety Goals within your organization.  
PMID: 12544575 [PubMed - indexed for MEDLINE]

Nurse Pract 2003 Jan;28(1):61-2  
Using cross-cultural definitions of health care.  
Kearns CJ, Meehan NK, Carr RL, Park LI.  
Bob Jones University School of Medicine, Greenville, SC, USA.  
PMID: 12544591 [PubMed - indexed for MEDLINE]

Omega (Westport) 1999-2000;40(1):101-8  
Potential psychodynamic factors in physician-assisted suicide.  
Dinwiddie SH.  
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A number of assumptions underlying the debate over physician-assisted suicide (PAS) deserve closer scrutiny. It is often implicitly assumed that decisions as to the competency of the patient to request PAS can be accurately made, and that the treating physician's values and intrapsychic conflicts can be successfully separated from the decision to accede to or reject the patient's request. This article argues that in such an emotionally-laden decision, such factors may play a significant role, and that even were PAS to gain widespread acceptance, ignoring them may lead to errors in classifying patients either as appropriate or inappropriate for PAS.  
PMID: 12577935 [PubMed - indexed for MEDLINE]

Prim Care 2002 Sep;29(3):487-93  
Cultural factors in preventive care: African-Americans.

Witt D, Brawer R, Plumb J.

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In summary, the implications for healthcare practitioners in caring for African American patients in a culturally sensitive manner include: Gaining trust, and understanding the historical distrust of the health care system Understanding and employing the kinship web in decisions regarding screening and treatment Involving the church in developing and delivering prevention and care messages Asking patients about the meaning of words or phrases Asking patients about the use of alternative medicines and herbs Tailoring messages about prevention to depictions of real life situations Paying attention to body language and other nonverbal communication.

PMID: 12529892 [PubMed - indexed for MEDLINE]